

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Officers Only

Rec'd

AE1678

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DIA/MLB

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7663	2. Fiscal Year Covered From: 10 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John DiGiulio	4. Name, file number, and address of labor organization. Name Milk Drivers and Dairy Employees Union No. 338
P.O. Box, Bldg., Room No., if any	Labor Organization File Number 012-469
Street 592A Heritage Village	P.O. Box, Building and Room Number, if any
City Southbury	Street 26 Paxton Avenue
State Connecticut	City Bronxville
ZIP Code + 4 06488	State New York
ZIP Code + 4 10708	
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Hold an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name John DiGiulio	7.a. Nature of Interest, Transaction, or Income. John DiGiulio
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	
ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John DiGiulio

On **8/10/2005**

Date

914-793-1198

Telephone Number

Name of Person Filing John DiGiulio		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Industry and Local 338 Welfare Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street One Executive Boulevard</p> <p>City Yonkers</p> <p>State New York ZIP Code + 4 10701</p>		<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>		<p>11.a. Nature of such dealing. Receiving contributions from employers participating in multiemployer fund in order to provide health benefits.</p>
		<p>11.b. Approximate dollar value of such dealing. \$2,991.00</p>
		<p>12.a. Nature of interest held or income received. Expenses paid to and on his behalf by the fund while attending conferences and trustee meetings.</p>
		<p>12.b. Amount. \$3,707</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>		<p>14.a. Nature of payment.</p>
		<p>14.b. Amount of payment. \$1,000</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		